

This form may be completed online and mailed to the address listed below.

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE – LEAD-BASED PAINT PROGRAM**

**APPLICATION FOR
LEAD-BASED PAINT FIRM CERTIFICATION**

General Instructions: Use this form to apply for a certification to perform lead-based paint projects in Nebraska.

Where the application requests information on a separate page, attach the separate page to the application, indicate the part and item number in the upper right-hand corner and number the pages consecutively in the bottom right-hand corner.

Applications will not be considered which are incomplete, unsigned, or fail to enclose the appropriate fee required by 178 NAC 23-006 payable by check or money order to the Nebraska Department of Health & Human Services Regulation & Licensure – Lead-Based Paint Program. Completed initial applications and waivers will be processed within sixty (60) days of receipt. Completed renewal applications will be processed within (30) days of receipt.

Mail the completed application and the fee to the following address:

Lead-Based Paint Control Program Manager
Nebraska Department of Health & Human Services
Regulation & Licensure
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007

RENEWAL APPLICATIONS MUST BE RECEIVED BY THE DEPARTMENT NOT MORE THAN 60 DAYS NOR LESS THAN 30 DAYS PRIOR TO THE EXPIRATION DATE TO ALLOW FOR THE 30-DAY REVIEW PERIOD BY THE DEPARTMENT.

Form 1 Instructions

NEBRASKA HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE

APPLICATION FOR FIRMS
TO CONDUCT LEAD-BASED PAINT ACTIVITIES

A. Certification Information

Indicate below the type of application.

New application for certification

Renewal application for certification

Indicate below the type of business.

Abatement Contractors

Consultant

State or Federal Agency

Other _____

OFFICE USE ONLY

PLU #2929

B. Company Information

Company Name _____ Federal I.D. # _____

Address _____
(Street)

(City) (State) (Zip Code)

Phone Number _____ Fax Number _____ E-Mail _____

Parent Company Name _____ Federal I.D. # _____
(If applicable)

Address _____
(Street)

(City) (State) (Zip Code)

Phone Number _____ Fax Number _____ E-mail _____

C. Other Certifications, Licenses

List other states in which the company is certified for lead abatement work _____

Is the company licensed by the State of Nebraska in another trade
(asbestos abatement, home renovation, etc.)?

YES

NO

If yes, please list and enclose copies of each license.

Trade

Licensing Agency

License No.

Expiration

D. Lead-Based Paint Activity Violations

Does the company have any past, present, or pending lead-based paint activity violations
of EPA, State, Territory, or Indian Tribe regulations?

YES

NO

If yes, please provide explanation.

E. Certified Employees

Please list all employees who will be engaged in lead-based paint activities. These employees must be individually certified by the Nebraska Lead-Based Paint Program. The use of non-certified individuals in lead-based paint activities is a violation of NEB. REV. STAT. § 71-6329(2).

Full Name	Soc. Sec. No.	Discipline	NE Cert. No.	Expiration

F. Signature

Please sign your name and write the date in the blanks below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification. I also attest and affirm that the company will maintain its certification according to NAC 178 chapter 23, follow work practice standards according to NAC 178 chapter 23, and conduct lead-based paint activities only in those fields in which we have received certification.

Applicant's Signature

Date Signed

Applicant's Title (if applicable)

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